



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2594-3**  
**Job Sheet 173717**



Part No: D2594-3

Job Qty: 500 ea

Part Name: O-Ring



*rec'd 500 - Feb 27*

Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/6/18

Job Tracking No:

Due Date: 4/5/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV C IPP B 04.06.08 Reformat; Added Powder Coat KJ/JLM IPP C 06.12.11 ecn 836 EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty     | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off            |
|-------|------------|---------|------------|----------|-----------|---------|-----------------------|-----------|---------------------|
|       |            |         |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                     |
| 100   | Purchasing | 500 pcs |            | 4/5/18   | 0.00      | 0.00    | Purchasing            |           | <i>At 12/03/12</i>  |
| 110   | Packaging  | 500 pcs |            | 4/5/18   | 0.00      | 0.00    | Packaging2            |           | <i>AT 03/12</i>     |
| 120   | QC         | 500 pcs |            | 4/5/18   | 0.00      | 0.00    | QC6                   |           | <i>11</i>           |
| 130   | Packaging  | 500 pcs |            | 4/5/18   | 0.00      | 0.00    | Packaging3            |           | <i>9-89 18-3-16</i> |
| 140   | QC21-SA    | 500 Ea  |            | 4/5/18   | 0.00      | 0.00    | QC21                  |           | <i>DAS 21</i>       |

Part Op 100 - Issue P/O: \_\_\_\_\_ Purchase as per Dwg D2594 Possible P/N: Parker 2-011

Descriptions: 110 - Ensure Material Release Note is attached

130 - LOCATION : FP001

*P/O: 39227*

*MAR 08 2018*

*MAR 16 2018*

*MAR 12 2018*

*DAS 13 9-89*

### Job BOM

| Part / Item | Component Name | Quantity       | Operation      | Container |
|-------------|----------------|----------------|----------------|-----------|
| MS28775-011 | O-Ring D2594-3 | 500 pcs (1 ea) | 100-Purchasing |           |

### Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated |
|----------------|----------------|----------|-----------|-----------|
| 100-Purchasing | MS28775-011    | 500      | 0         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                   |                                                                                                                                                                                |                                        |                                     |                                              |                                      |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------|
| Work Order: _____ | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b>      |                                     |                                              |                                      |
| Part No. _____    |                                                                                                                                                                                | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |
| NCR No. _____     |                                                                                                                                                                                | Machining <input type="checkbox"/>     | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |
|                   |                                                                                                                                                                                | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |
|                   |                                                                                                                                                                                | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>            |                                      |

|              |               |                       |                             |
|--------------|---------------|-----------------------|-----------------------------|
| Date : _____ | Step #: _____ | QTY Effective : _____ | MRB (QS1042) Approval _____ |
|--------------|---------------|-----------------------|-----------------------------|

|                                  |  |
|----------------------------------|--|
| Description Work Order Deviation |  |
|----------------------------------|--|

|                                                                                                                                                                                                                                                                                |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <div style="text-align: center;"> <p><b>Change No:</b></p> <p><b>Operation:</b></p> <p><b>Revision:</b></p> <p><b>Serial No/Batch: S049975</b></p> <p><b>PART NO: D2594-3</b></p> <p><b>Packaging</b></p> <p><b>Mfg Date: 03/12/18</b></p> <p><b>Job No: 173717</b></p> </div> | Completed By _____                                 |
|                                                                                                                                                                                                                                                                                | Lead hand / Supervisor Approval Verification _____ |
|                                                                                                                                                                                                                                                                                | QC / QA Coordinator Approval _____                 |
|                                                                                                                                                                                                                                                                                |                                                    |

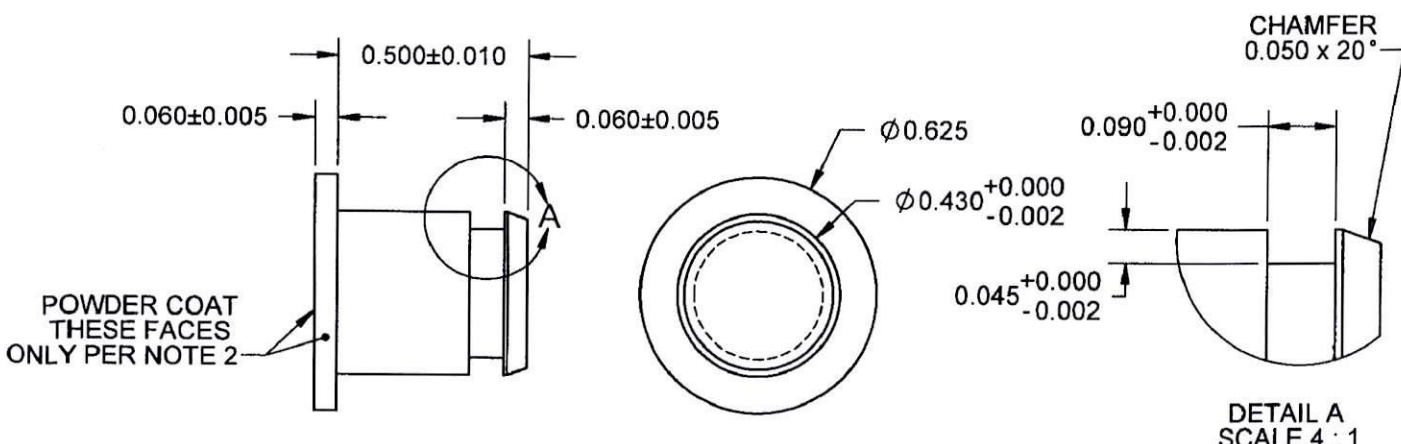
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>0 - Ring</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pres <input type="checkbox"/><br>Benc <input type="checkbox"/><br>Cent <input type="checkbox"/><br>Crack <input type="checkbox"/><br>Crimp <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crush <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |





|                         |                |                                                                            |                        |
|-------------------------|----------------|----------------------------------------------------------------------------|------------------------|
| DESIGN<br>#             | DRAWN BY<br>CB | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                   |                        |
| CHECKED<br>LE           | APPROVED<br>#  | DRAWING NO.<br><b>D2594</b>                                                | REV. C<br>SHEET 1 OF 1 |
| DATE<br><b>06.11.20</b> |                | TITLE<br><b>PLUG</b><br>SCALE<br>2:1                                       |                        |
| REV                     | DATE           | DESCRIPTION                                                                |                        |
| A                       | 96.09.16       | NEW ISSUE                                                                  |                        |
| B                       | 97.03.15       | ADD GROOVE AND O-RING                                                      |                        |
| C                       | 06.11.20       | ADD PWDR COAT; ADD MS P/N TO D2594-3;<br>ADD AMS SPECS; ADD TOLERANCE NOTE |                        |

RELEASED  
06.11.28



**D2594-1 PLUG**

**D2594-1 PLUG NOTES:**

- 1) MATERIAL: ALUMINUM 5052-H32 ROUND BAR PER QQ-A-225/7 (REF DART SPEC M5052H32R) OR ALUMINUM 6061-T6/T651/T6510/T6511/T62 ROUND BAR PER QQ-A-225/8 OR QQ-A-200/8 OR AMS 4117/4128/4115/4116/4160 (REF DART SPEC M6061T6R)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT SPECIFIED FACES WHITE GLOSS (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 5) BREAK ALL SHARP EDGES TO 0.010 MAX

**D2594-3 O-RING NOTES:**

- 1) 5/16 ID, 7/16 OD, 1/16 WIDTH
- 2) POSSIBLE SUPPLIER P/N: PARKER 2-011 OR MS28775-011

**PARTS LIST:**

| QTY | P/N     | DESCRIPTION   |
|-----|---------|---------------|
| X   | D2594   | PLUG ASSEMBLY |
| 1   | D2594-1 | PLUG          |
| 1   | D2594-3 | O-RING        |



**D2594 PLUG ASSEMBLY**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QS1042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO039227

**Supplier:**

KLX001-VU  
KLX Inc.  
88289 Expedite Way  
Chicago, IL 60695-0001 USA  
Phone: 305-925-2600  
Fax: 305-507-7191

**Attention:**

Pilon, Lucie

**Ship To:**

1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

PO No: PO039227

PO Date: 3/6/18

Due Date: 3/9/18

Purchase Order

Revision:

Revision Date:

Ship-To Contact:

Phone:

Via: Fedex Economy

Pymt Terms: COD

Freight Terms: Collect

Special Comments:

*copy*  
**E-MAILED**  
**MAR 07 2018**

**Items**

| Line Item | Part        | Supplier Part No | Description    | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (USD) | Extended Price |
|-----------|-------------|------------------|----------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | MS28775-011 |                  | O-Ring D2594-3 | Firmed | 3/9/18   | 500 pcs        | 0 pcs             | 500 pcs | \$0.05/pcs       | \$25.00        |

Line Item Note: job# 173717

Grand Total: \$25.00

**Order Notes****Procurement Quality Clauses**

- A005 RIGHT OF ENTRY
- A016 PERSONNEL QUALIFICATION
- A026 CERTIFICATION OF MATERIAL CONFORMANCE
- A032 PUBLIC LAW 101-592 FASTENER QUALITY ACT
- A033 STATEMENT OF CONFORMITY/TEST RECORDS FOR NAS, AN and MS FASTENERS
- A040 NOTIFICATION OF QUALITY ESCAPE
- A041 QUALITY MANAGEMENT SYSTEM
- A042 DART NOTIFICATION BY SUPPLIER
- A043 RETENTION OF QUALITY DOCUMENTS
- A048 COUNTERFEIT PARTS AVOIDANCE; DETECTION, MITIGATION AND DISPOSITION PROGRAM
- A049 SUPPLIER AWARENESS

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

*CL*  
*BB*

Plex 3/6/18 3:48 PM dart.baker.diane

DAS  
11  
9-89

03/07/18

## CUSTOMS INVOICE/PACKING SHEET



5346594-00

Cust#: 41513

SOLD TO: KLX Inc.

ATTN LESLIE MENIEUR  
USSHIPPER: PROPONENT  
3120 E. ENTERPRISE  
BREA, CA 92821

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN ST

HAWKESBURY, CA K6A 1K7 CA

Pref. Routing A.O.G.: FEDX INTL ECON COLL

| UPC VENDOR    | INVOICE NO. | ON DOCK          |
|---------------|-------------|------------------|
| 000000        | JJ1L93      | 03/07/18         |
| PROMISED      | REQUEST     | SHIPPED          |
| 03/07/18      | 03/07/18    |                  |
| CUSTOMER P.O. |             | CUSTOMER RELEASE |
| P0039227      |             | BA3JK5           |

CORRESPONDENCE TO: KLX Inc.

10000 N.W. 15th Terrace

Miami, FL 33172

| P.O. NUMBER | ITEM NO. | PART NUMBER                                                                                                                                                                                                                  | ICN No.   | QTY    | UOM | UNIT PRICE   | TOTAL VALUE | COUNTRY OF ORIGIN | QUANTITY ORDERED | QUANTITY B.O. | QUANTITY SHIPPED |
|-------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-----|--------------|-------------|-------------------|------------------|---------------|------------------|
| 008TR76     | 1        | MS28775-011                                                                                                                                                                                                                  |           | 500.00 | EA  | 0.05         | 25.00       |                   | 500.00           | 0.00          | 500.00           |
|             |          | ECCN# 9A991.d                                                                                                                                                                                                                |           |        |     |              |             |                   |                  |               |                  |
|             |          | Desc: PACKING                                                                                                                                                                                                                |           |        |     |              |             |                   |                  |               |                  |
|             |          | PCAT: S                                                                                                                                                                                                                      |           |        |     |              |             |                   |                  |               |                  |
|             |          | Customer Product: MS28775-011                                                                                                                                                                                                |           |        |     |              |             |                   |                  |               |                  |
|             |          | Sch B 4016930000                                                                                                                                                                                                             | 520960-03 | 500.00 |     | Cure: 4Q2017 |             | US                |                  |               |                  |
|             |          | MFR- Name: PARCO INC.                                                                                                                                                                                                        |           |        |     |              |             |                   |                  |               |                  |
|             |          | MFR-Product: 0568-011                                                                                                                                                                                                        |           |        |     |              |             |                   |                  |               |                  |
|             |          | Revision: A                                                                                                                                                                                                                  |           |        |     |              |             |                   |                  |               |                  |
|             |          | MFR- Batch: 58862                                                                                                                                                                                                            |           |        |     |              |             |                   |                  |               |                  |
|             |          | ITEM(S) IDENTIFIED HEREIN CONFORM TO AN ESTABLISHED INDUSTRY GOVERNMENT, OR COMMERCIAL STANDARD AND ARE BEING SHIPPED BY KAPCO EFFECTIVE FEBRUARY 19, 2018 DOING BUSINESS AS PROPONENT ON BEHALF OF KLX AEROSPACE SOLUTIONS. |           |        |     |              |             |                   |                  |               |                  |
|             |          | S/L: 15 YRS PER ARP5316                                                                                                                                                                                                      |           |        |     |              |             |                   |                  |               |                  |
|             |          | INSP BY: Juana Sanchez 03/07/2018                                                                                                                                                                                            |           |        |     |              |             |                   |                  |               |                  |

TOTAL BOX VALUE:

PAGE 1

These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. Government or as otherwise authorized by U.S. law and regulations.

FOR CUSTOMS PURPOSES ONLY. DO NOT PAY FROM THIS DOCUMENT.

NLR unless otherwise advised in body of document



Terms of Sale - Incoterms-2010; EXW: Brea, CA

## CERTIFICATE OF CONFORMANCE

WE HEREBY CERTIFY THAT THE PRODUCT SUPPLIED IS NEWLY MANUFACTURED, CONFORMS TO THE APPROVED DESIGN DATA, AND MEETS ALL REQUIREMENTS OF THE APPLICABLE PURCHASE ORDER. EVIDENCE OF CONFORMANCE IS ON FILE AND AVAILABLE FOR REVIEW UPON REQUEST.

GARY DePHILLIPS  
DIRECTOR, CORPORATE QUALITY

Thank You For This Order  
PACKING LIST

03/07/18

## CUSTOMS INVOICE/PACKING SHEET



5346594-00

Cust#: 41513

SOLD TO: KLX Inc.

ATTN LESLIE MENIEUR  
, USSHIPPER: PROPONENT  
3120 E. ENTERPRISE  
BREA, CA 92821

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN ST

HAWKESBURY, CA K6A 1K7 CA

Pref. Routing A.O.G.: FEDX INTL ECON COLL

| UPC VENDOR    | INVOICE NO. | ON DOCK          |
|---------------|-------------|------------------|
| 000000        | JJ1L93      | 03/07/18         |
| PROMISED      | REQUEST     | SHIPPED          |
| 03/07/18      | 03/07/18    |                  |
| CUSTOMER P.O. |             | CUSTOMER RELEASE |
| P0039227      |             | BA3JK5           |

CORRESPONDENCE TO: KLX Inc.

10000 N.W. 15th Terrace

Miami, FL 33172

| P.O. NUMBER | ITEM NO. | PART NUMBER | ICN No. | QTY | UOM | UNIT PRICE | TOTAL VALUE | COUNTRY OF ORIGIN | QUANTITY ORDERED | QUANTITY B.O. | QUANTITY SHIPPED |
|-------------|----------|-------------|---------|-----|-----|------------|-------------|-------------------|------------------|---------------|------------------|
|             |          |             |         |     |     |            |             |                   |                  |               |                  |

TOTAL BOX VALUE:

PAGE 2

These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. Government or as otherwise authorized by U.S. law and regulations.

FOR CUSTOMS PURPOSES ONLY. DO NOT PAY FROM THIS DOCUMENT.

NLR unless otherwise advised in body of document



Terms of Sale - Incoterms-2010: EXW: Brea, CA

## CERTIFICATE OF CONFORMANCE

WE HEREBY CERTIFY THAT THE PRODUCT SUPPLIED IS NEWLY MANUFACTURED, CONFORMS TO THE APPROVED DESIGN DATA, AND MEETS ALL REQUIREMENTS OF THE APPLICABLE PURCHASE ORDER. EVIDENCE OF CONFORMANCE IS ON FILE AND AVAILABLE FOR REVIEW UPON REQUEST.

GARY DePHILLIPS  
DIRECTOR, CORPORATE QUALITYThank You For This Order  
PACKING LIST



03/07/18

## CUSTOMS INVOICE/PACKING SHEET



5346594-00

Cust#: 41513

SOLD TO: KLX Inc.

ATTN LESLIE MENIEUR  
USSHIPPER: PROPONENT  
3120 E. ENTERPRISE  
BREA, CA 92821

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN ST

HAWKESBURY, CA K6A 1K7 CA

Pref. Routing A.O.G.: FEDX INTL ECON COLL

| UPC VENDOR    | INVOICE NO. | ON DOCK          |
|---------------|-------------|------------------|
| 000000        | JJ1L93      | 03/07/18         |
| PROMISED      | REQUEST     | SHIPPED          |
| 03/07/18      | 03/07/18    |                  |
| CUSTOMER P.O. |             | CUSTOMER RELEASE |
| P0039227      |             | BA3JK5           |

CORRESPONDENCE TO: KLX Inc.

10000 N.W. 15th Terrace

Miami, FL 33172

| P.O. NUMBER | ITEM NO. | PART NUMBER | ICN No. | QTY | UOM | UNIT PRICE | TOTAL VALUE | COUNTRY OF ORIGIN | QUANTITY ORDERED | QUANTITY B.O. | QUANTITY SHIPPED |
|-------------|----------|-------------|---------|-----|-----|------------|-------------|-------------------|------------------|---------------|------------------|
|             |          |             |         |     |     |            |             |                   |                  |               |                  |

TOTAL BOX VALUE:

25.00 USD

PAGE 3

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## CERTIFICATE OF CONFORMANCE

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GARY DePHILLIPS  
DIRECTOR, CORPORATE QUALITY

Thank You For This Order  
PACKING LIST

Terms of Sale - Incoterms-2010: EXW: Brea, CA



P.O. No. CPO 008TR76



Part No. PNR MS28775-011



Qty SHQ 500



Unit UNT EA



5346594-00

**KLX AERO**

DRAWER

CART P0039227

5346594

Order #





PARCO, INC.  
1801 S. Archibald Avenue  
Ontario, California 91761  
(909) 947-2200 Fax (909) 923-0288

Certificate of Freedom from  
Mercury Contamination  
No. 12831

|                  |                    |               |            |
|------------------|--------------------|---------------|------------|
| Account Name     | KAPCO              | Account No.   | 5486-01    |
| Purchase Order   | 522005-00          | Sales Order   | 24071-01   |
| Customer Part    | MS28775-011 REV. A | Parco Part    | 0568-011   |
| Elastomer        | NITRILE            | Compound      | 4067-70-73 |
| Shipping Order   | 77563              | Date Prepared | 1/30/2018  |
| Quantity Shipped | 17,811             | Prepared By   | C. JUSTICE |

Batch

Date Cured

58862

4Q 17

1. Parco has assured that all mercury-bearing instruments, apparatus and equipment are enclosed in a double boundary of containment. Parco does not handle mercury or its compounds anywhere in the manufacturing plant.
2. The product above is free from mercury contamination.



Michael Young, Quality Manager

Distribution: 2 copies to customer  
Rev. 01/09

**ICN: 520960-03, Doc Date: 1/31/2018 CERTIFIED TRUE COPY**